CHRISTUS®
GOOD SHEPHERD
Health System

OUR MISSION "To Extend the Healing Ministry of Jesus Christ"

CHRISTUS GOOD SHEPHERD Health System

Table of Contents

CHRISTUS GOOD SHEPHERD Health System

Welcome to CHRISTUS Good Shepherd Health System!

CHRISTUS Good Shepherd is excited to have you come and explore the many different options waiting for you in healthcare. CHRISTUS can provide you with the experience of a lifetime, whether that be behind the scenes in education, administration, laboratory, or in the trenches with the nursing staff and other healthcare providers.

It is our mission to extend the healing ministry of Jesus Christ and we hope to do that by reaching our students in the community. CHRISTUS Good Shepherd is offering you the chance to discover your interests and prepare you for your future. In each job shadow/clinical observation rotation, it is our goal to place the student in the unit or specialty of their choosing. It is encouraged that the student asks questions and observe as much as they can during their time here at CHRISTUS Good Shepherd.

Come prepared to learn, come prepared to find a future home for you as a healthcare professional! Please contact us if you have questions during this process and we will be happy to assist you in any way that we can.

Thank you for your interest in CHRISTUS Good Shepherd Health System!

Sincerely,

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CHRISTUS GOOD SHEPHERD Health System

Job Shadow/Clinical Observation Requirements

The Job Shadow/Clinical Observation Program is available to incoming Freshmen through Seniors as well as higher levels of education. **Applications and all submitted documentation will remain valid for up to one year and will require a new submission once that time frame lapses.**

All students requesting to job shadow/clinical observation must:

1. Complete a Job Shadow/ Clinical Observation Application.
2. Submit a typed essay of at least 150-words explaining why you would like the opportunity to job shadow/clinical observation, and your future aspirations as a healthcare professional.
3. Complete the Safety, Liability, Confidentiality, and Conduct Agreement.
4. Provide Allied Health with current shot and vaccination records.
    a. TB test (within the last year) that includes the dates and times given and read
    b. MMR or titer
    c. Varicella (chickenpox) or titer
    d. Hepatitis B – 3 vaccines or titer
    e. TDAP (for pertussis); you must have had one in the last 10 years
    f. Flu shot (October 1-March 31)
5. Submit to a Criminal Background Check (age 18 & older).
6. Complete the CHRISTUS Health System Orientation PowerPoint (submit the certificate of completion).
7. For students in clinical areas, please wear scrubs (determined by your school or of your choosing). For students in non-clinical areas, please refer to the dress code policy provided to you in your online orientation.
8. Adhere to the CHRISTUS Good Shepherd policies provided to you during your orientation.
9. Submit a photo ID.

The CHRISTUS Good Shepherd Job Shadow/Clinical Observation Program is an opportunity for students to observe in the healthcare field, and explore the many options provided to them once they begin on a healthcare track. This experience is strictly an observation experience therefore, no hands-on involvement is permitted. CHRISTUS Good Shepherd is excited to have you and we welcome any questions you may have. Our contact information is listed below.

Essay Release Signature

We love to share personal stories of what has encouraged a student to pursue a career in healthcare. Please sign below if you are willing to allow us to share your essay internally with our leadership team.

☐ I DO give permission for my essay to be shared.
☐ I DO NOT permit my essay to be shared.

Student Signature: _____

CHRISTUS GOOD SHEPHERD Health System

Job Shadowing/Clinical Observation Application

CHRISTUS Good Shepherd (CGS) Health System will allow individuals interested in the healthcare field to shadow/observe our healthcare professionals. This is an unpaid observational experience and job shadowing/clinical observation involves no hands-on involvement. Application and all submitted documentation will remain valid for up to one year and will require a new submission once a year lapses.

Participant's Information

Full Name: _____ Date: _____

Street Address: _____ Apt./Unit #: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone #: _____ E-mail address: _____

Date requested: _____

Emergency Contact

Full Name: _____ Relationship to you: _____

Cell Phone #: _____

School Information (Complete Applicable Information)

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

Cumulative GPA: _____ Number of college credits completed: _____ Degree: _____

Location you would like to observe in:

☐Longview ☐ Marshall ☐ Kilgore ☐ NorthPark ☐ OSMI-Orthopedics & Sports Medicine Institute

Area(s) of interest (check one):

☐ Emergency Department	☐ Finance	☐ Laboratory	☐ MD
☐ Nursing	☐ Occupational Therapy	☐ Pharmacy	☐ Physical Therapy
☐ Radiology	☐ Respiratory Therapy	☐ Ultrasound	☐ Other _____

☐ Other _____

Required Documents

Documents to be sent with the completed application:

Immunization Records:

☐ TB test (within the last year) that includes the dates and times given and read
☐ MMR or titer
☐ Varicella (chickenpox) or titer
☐ Hepatitis B – 3 Vaccines or titer
☐ TDAP (for pertussis); you must have had one in the last 10 years
☐ Flu shot (October 1-March 31)

Other Documentation to submit:

☐ A typed essay of at least 150-words explaining why you would like the opportunity to job shadow/clinical observation and your future aspirations as a healthcare professional.
☐ Submit a copy of photo ID
☐ Criminal Background Check (age 18 & older)
☐ Complete Safety, Liability, Confidentiality, and Conduct Agreement
☐ Complete the parking permit form
☐ Complete the CHRISTUS Health System Online Orientation
☐ Complete a Job Shadow/Clinical Observation Application

If any documents are missing, CGS will be unable to process the requested job shadowing/clinical observation experience. **A**ll documents should be e-mailed to cgsjobshadow@christushealth.org. Within 1 week of submitting the request, the participant will be notified of their job shadow/clinical observation status and/or any missing documents.

Parental/Legal Guardian Consent and Signature (High School)

I, _____(print Parent/Legal Guardian name) give my consent for _____ (student name) to participate in the CGS Job Shadowing/Clinical Observation Program and release the hospital of any liability while my son/daughter is on hospital grounds. In addition, I verify that my son/daughter has the following up-to-date immunizations: TB Skin Test, MMR (measles, mumps, and rubella), Hepatitis B, Influenza (Flu), Varicella or history of chicken pox, and Tetanus/diphtheria.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Signature (College)

I, _____ (print name) want to participate in the CGS Job Shadowing/Clinical Observation Program and release the hospital of any liability while I am on hospital grounds. In addition, I verify that I have the following up-to-date immunizations: TB Skin Test, MMR (measles, mumps, and rubella), Hepatitis B, Influenza (Flu), Varicella or history of chicken pox, and Tetanus/diphtheria.

Student Signature: _____ Date: _____

Acknowledgement

Student Placement:

- It is the goal of the CGS Job Shadow/Clinical Observation Program to meet the placement requests of the participant. While we will make every effort possible to place a participant in their desired area to shadow, there is no guarantee that the requests will be met.

Coordination of Schedule:

- Once a student has been cleared to job shadow/clinical observation, it is the responsibility of the student to contact the appropriate department leader to set up a schedule for shadowing/clinical observation. This schedule will include the dates, times, location, and person you will be shadowing. The department leader's contact information will be shared with the participant.

Student Signature: _____ Date: _____

Parent Signature**:** _____ Date: _____
(If the student is under 18)

CHRISTUS GOOD SHEPHERD Health System

Authorization for Health Screening / Background Check

I, the undersigned, hereby authorize CHRISTUS Good Shepherd Associate Health to validate vaccination records and agree to provide needed records and/or submit for additional screening and vaccination as deemed appropriate by the CHRISTUS Good Shepherd Associate Health Policy.

I further authorize CHRISTUS Good Shepherd Health System to conduct a criminal background check which may include criminal, motor vehicle, and education information.

I understand that if I fail to provide the required current vaccination records or I cannot successfully complete a background check, this may disqualify me for consideration in the Job Shadow/Clinical Observation Program of this facility.

Full Name: _____

Date of birth: _____

Social Security #: _____

Cell phone #: _____

E-mail address: _____

Street address: _____ Apt./Unit #: _____

City _____ State _____ ZIP Code _____

SIGNED this day of _____20_____.

_____ _____

Student Name (print) Student Signature

If under 18 years of age, your parent/guardian must consent to the health screening and background check by signing and dating this form.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____Date: _____

CHRISTUS GOOD SHEPHERD Health System

SAFETY, LIABILITY, CONFIDENTIALITY, AND CONDUCT AGREEMENT

Thank you for your interest in the CHRISTUS Good Shepherd Health System Job Shadow/Clinical Observation Program. Please complete this form to confirm your understanding and agreement regarding the Hospital's requirements to keep you and others safe, and the maintenance of confidential patient information.

Safety-Novel Coronavirus

I acknowledge that the coronavirus disease 2019 (COVID-19) is a novel virus that spreads easily among people and has spread within the community served by the Hospital, as well as across the country. I understand that I may be exposed to and acquire this disease anywhere and that avoidance of transmission is extremely difficult to control perfectly in any environment. I agree that before shadowing, I have taken into consideration any particular risk factors, including underlying health conditions that I, or anyone I live with, may have. I have also taken reasonable precautions to avoid exposure to the COVID-19 virus.

I understand that the Hospital has implemented numerous safety measures designed to protect me and others from exposure to the virus, and I agree to comply with all such Hospital requirements. I also agree to attend all training and follow all CHRISTUS policies and procedures to reduce the spread of COVID-19 for my protection as well as the protection of others. These include maintaining at least six (6) feet of distance between myself and others as much as possible; wearing a face mask/face covering; washing my hands frequently; having my temperature checked; avoiding touching my eyes, nose, or mouth; cover my mouth and nose when coughing or sneezing; and participating in applicable daily screening procedures.

I also agree that I will not come in to shadow/clinical observation on any day that I have any of the following symptoms:

- A temperature of over 100 degrees
- Persistent, uncontrolled cough
- Shortness of breath/difficulty breathing
- Gastrointestinal illness
- Loss of taste or smell
- Muscle pain

Liability Release Statement

I understand that I will rotate through CHRISTUS Good Shepherd as an unpaid job shadow/clinical observation participant. I understand that CHRISTUS Good Shepherd Health System, its agents, assignees, employees, and Associates cannot be held liable for accidents that occur while I am observing at any CHRISTUS Good Shepherd campus. I must provide for any unexpected medical expenses if injured while participating in this observation or clinical rotation.

Confidentiality

I understand that in the course and scope of my shadow activities, I may become aware of confidential or proprietary information belonging to the Hospital, CHRISTUS Health, or any of their patients, employees, vendors, or others. Such confidential information may include Protected Health Information ("PHI") as defined by the Health Insurance Portability and Accountability Act ("HIPAA"), e.g., patient names, diagnoses, medical conditions, telephone numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, etc. In case of doubt, I will assume patient information is confidential. I agree that I will not disclose any confidential information unless the disclosure is at the Hospital's direction, is necessary to perform my duties as a job shadow/clinical observation participant, or is authorized by law. I will safeguard and not misuse or carelessly handle confidential information. I understand that my obligations hereunder will continue after my job shadow/clinical observation rotation with the Hospital ends.

Standards of Conduct

I acknowledge that the Hospital is a mission-oriented, faith-based organization and expects its employees and staff to conduct themselves in accordance with high standards of integrity and ethics consistent with that tradition. While participating in this program, my conduct will always be consistent with these ethical standards. By signing this Agreement, I have reviewed the Agreement and have discussed the job shadow/clinical observation activities in detail with Hospital leadership; including that participation in the job shadow/clinical observation activities may have risks; my participation is voluntary; and that I understand and agree to all the terms of this Agreement.

_____

Student Name (print)

_____ _____

Student Signature Date

<u>Agreement of Parent/Legal Guardian</u>:

Required for all job shadow/clinical observation participants under the age of 18 (in addition to their signature above). As the parent or legal guardian of the above-named job shadow/clinical observation participant, I have reviewed this Job Shadow/Clinical Observation Safety, Confidentiality, and Conduct Agreement. I understand and agree to all the terms of this Agreement and understand my responsibility in managing the job shadow/clinical observation participant's compliance with its terms.

_____

Parent/Legal Guardian's Name (print)

_____ _____

Parent/Legal Guardian Signature Date

CHRISTUS GOOD SHEPHERD Health System

Parking Permit Form

Last Name: _____ **First Name:** _____

Cell Phone #: _____

Work Location:

☐ Longview ☐ Other: _____

☐ Marshall

☐ NorthPark

☐ Kilgore

☐ OSMI-Orthopedics Sports & Medicine Institute

Vehicle	Make	Model	Color	Year	Plate #	Parking Sticker #
1						
2						
3						

Students who are on the premises as part of their education and or training program(s) are likewise expected to park only in areas designated for students. Student parking is limited to Associate Lot 3. Any violations of the Parking Policy by students will be addressed directly with the student. You can find this information in your student orientation.

Parking Lot Safety/Security

a. Parking lots are lit and may be monitored by video cameras.
b. Vehicles should be locked when unattended.
c. Valuables should not be left visible inside vehicles.
d. Notify security of any suspicious activity in parking areas.

I hereby acknowledge receipt of the parking decal granting me the use of CHRISTUS Good Shepherd Health System Associate parking lots. I understand that it is mandatory to display the parking decal on the upper corner of the driver's side of the windshield.

_____ _____

Student Signature Date

_____ _____

Parent Signature (If the student is under 18) Date

Please remove this form and keep as a reference to gather all needed documents.

Job Shadow/Clinical Observation Checklist

Area of Shadow/Observation: _____

Dates to Shadow/Observation: _____

Shifts to Shadow/Observation: _____

_____Complete a Job Shadow/Clinical Observation Application

_____A typed essay of at least 150-words explaining why you would like the opportunity to job shadow/clinical observation and your future aspirations as a healthcare professional.

_____Submit a photo ID

_____Criminal Background Check (age 18 & older)

_____Provide Allied Health with:

- TB test (within the last year) that includes the dates and times given and read
- MMR or titer
- Varicella (chickenpox) or titer
- Hepatitis B – 3 Vaccines or titer
- TDAP (for pertussis); you must have had one in the last 10 years
- Flu shot (October 1-March 31)

_____Complete Safety, Liability, Confidentiality, and Conduct Agreement

_____Complete the parking permit form

_____Complete the CHRISTUS Health System Online Orientation